

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10551815

FILING DATE

9-30-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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11						
12						
13						
14						
15	1		1			
16	1		1			
17						
18	1		1			
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20	1		1			
21	1	1	1			
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	17	↔	17	↔	↔	
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↔		
TOTAL DEP.		↔			↔	
TOTAL CLAIMS						↔